

**Supplier Enrollment Request
American Express Corporate Purchasing Card
For
The Commonwealth of Virginia**

Fax this form to:877-300-5649

Subject: American Express Corporate Purchasing Card

Contact Name: _____
(Person authorized to make credit card decisions on behalf of your company)

Company/Supplier Name: _____

Street Address: _____ (No PO Boxes please)

City: _____

State: _____ **ZIP:** _____

Phone: _____

Fax: _____

The COV Agency Name/Location with whom you do business:

Name of COV Contact: _____

1. OUR BUSINESS IS CURRENTLY ACCEPTING AMERICAN EXPRESS:

_____ I already accept the American Express Corporate Purchasing Card using
DialPayment, Terminal, PaymentLink or PurchaseExpress point of sale equipment

_____ I already accept the American Express Card at a retail level, through my bank processing
equipment or through American Express retail point of sale equipment

My American Express Service Establishment Number is: _____

2. OUR BUSINESS DOES NOT CURRENTLY ACCEPT AMERICAN EXPRESS:

_____ I wish to continue to do business with the COV, and will contact the American Express Want to
Honor number 1-800-825-3272 to get set up to accept the Purchasing Card

_____ I wish to continue to do business with the COV and would like American Express to contact
me as soon as possible to get our business enrolled to accept.

_____ Other (Comments) _____
